

Extract.

Pennsylvania PMP AWARxE

**Change Order Description:** 

Appriss Service (the "Service"):

Date:	January 6, 2017			
Billing Agency:		Pennsylvania Department of Health Commonwealth of Pennsylvania		
Address:	<b>P.O. Box 69180</b> Harrisburg, PA 1710	6		
Billing Contact: E-mail: Telephone Number:	Meghna Patel DOH			
Client Relationship Manage E-mail:	er: Lara Hudson DOH			
Overview: \$0 change order enhancement to add the patient_consolidation_identifier field to the standard quarterly data extract. (Internal reference REPORTAE-19)				
been discussed with Jared Shi	the quarterly extract with standard fi inabery, Carol Runk and Meghna Par and may be different for information of	tel, and is understood that the pa		
Fee(s): \$3000.00 annually *		4		
*Appriss Health agrees to wa at no cost (\$0.00) to the Penns	ive the annual fee for adding the pati sylvania Dept. of Health.	ient_consolidation_identifier fiel	ld to the standard data extract	
Authorization:				
Appriss Inc.,		Customer		
D. L (G. L.		Meghatel	01/12/2017	
Robert Cohen President	Date	Signature	\ Date	
Appriss, Inc.		MEGHNA PATEL	DIRECTOR, POMP	
		Name	Title	

Adding the patient\_consolidation\_identifier field to the Standard Quarterly Data

The Service shall be considered completed upon delivery in production.